#### Revision date: November 5, 2019

## SCOPE

This application is for use only by Schulich Medicine faculty, who are developing an **Ontario-based group learning activity** for **family physicians on behalf of a Schulich Medicine department, division or educational unit**, and would like to obtain Mainpro+ certification from Continuing Professional Development on a **1.0 credit per hour basis**, for one of the following:

* one credit per hour Rounds program
* one credit per hour Journal Club
* one credit per hour PBSGL (Problem Based Small Group Learning)
* one credit per hour Regularly Scheduled Series (RSS)
* one credit per hour single-delivery conference, scientific assembly, congress or similar large event [excludes satellite symposia and ancillary sessions])
* one credit per hour multiple-delivery workshop

## Submission Instructions

Complete all pages of the application and obtain the required signatures. Scan and submit the application with attachments by e-mail to [**cpd.credits@schulich.uwo.ca**](mailto:cpd.credits@schulich.uwo.ca) or send the printed application to: Continuing Professional Development, Health Sciences Addition, Room H131, Western University, London, ON, N6A 5C1.

Plan to submit your application as early as possible, as the review process can take 2-4 weeks. Ideally, an application should be submitted at least six weeks in advance of the activity date. Applications received within four weeks of the activity date will be subject to a late application penalty fee. Applications received within one week of the activity cannot be processed.

Program brochures cannot state “CFPC credits applied for” or similar wording. Once you have received notification by e-mail accreditation has been granted, course materials may indicate accreditation by using the following EXACT wording:

**This Group Learning program meets the certification criteria of the College of Family Physicians of Canada and has been certified by Continuing Professional Development, Schulich School of Medicine & Dentistry, Western University for up to (#) Mainpro+ credits. Each participant should claim only those hours of credit that he/she actually spent participating in the educational program.**

Failure to comply with any of the accreditation criteria or process requirements of CPD or the CFPC will result in the denial or withdrawal of the accreditation of the program that has been accredited. The CFPC or CPD have the right to audit any program that has been approved for study credits.

## Mainpro+ Application Fee for one credit per hour educational activity:

The current fee schedule for a Mainpro+ application can be found on the “[Accreditation Forms & Templates”](https://www.schulich.uwo.ca/continuingprofessionaldevelopment/accreditation_services/forms_and_templates.html) webpage of the CPD Website, under the tab “Accreditation Application Review Fees and Financial Notes.

## Eligible Topics

In addition to the clinical and therapeutic topics traditionally addressed in family physicians’ CPD sessions, the following are considered acceptable topics for Mainpro+ programs:

* Faculty development programs that aim to improve teaching in family medicine
* Programs that aim to improve primary care research skills
* Programs that aim to improve computer skills as applied to learning, access to information, or CPD (electronic medical record [EMR] program education, for example)
* Practice management topics that emphasize quality assurance, patient flow, patient satisfaction, and general patient well-being
* Programs designed to increase physicians’ skills in administration in hospitals, medical organizations, or other health care systems
* Programs on alternative health practices designed to increase physicians’ awareness of these techniques and how they might affect patients
* Programs designed to increase physician knowledge of billing in a practice setting

## Inelligible Topics

Any topic outside the generally accepted scope of medical practice, or peripheral to it, is not acceptable for Mainpro+ certification. Such topics include, but are not limited to, the following:

* Clinical topics outside the usual scope of practice of family physicians (including programs related to the teaching of esthetic procedures)
* Business management topics that focus on physician benefits (eg, personal financial planning)
* Programs on alternative health practices that are designed to teach associated techniques
* Programs that focus on personal well-being (eg, yoga), self-growth, or personal development of physicians
* Programs aimed at preparing individuals to challenge the College’s certification examinations for CCFP and CCFP (EM) designations (though participants can self-claim these hours for Non-Certified credits)

#### Please note:

Presentations on dried cannabis are not eligible for certification unless the content is approved in advance by the CFPC. Full educational content needs to be submitted to the CPD office at least 3 months in advance of the scheduled event date to undergo an internal review and then submission to the CFPC for a subsequent review. Information on requirements for submission can be found on the CPD website, along with additional forms and templates:

*www.schulich.uwo.ca/cpd → continuing medical education → accreditation → Forms and Templates*

<http://www.schulich.uwo.ca/continuingprofessionaldevelopment/continuing_medical_education/accreditation/forms_and_templates.html>

## Planning Committee Composition

#### Group learning, face to face activities:

* CPD requires a minimum of three planning committee members. The planning committee members must represent the target audience, and for face-to-face, group learning activities, must include a minimum of one active member of the CFPC.

#### Online activities

* Programs which are conducted online require three family physician representatives to participate on the planning committee.

## Required Documentation Checklist

To finalize your application, please include the following documentation with the submission of this application form:

### Mandatory

* Detailed program agenda
* Conflict of Interest forms for all planning committee members and speakers
* COI powerpoint disclosure event slides (Slide 2 - COI summary slide; Slide 3 – mitigation of potential risks slide) (Further information is available on the CPD website)
* Copy of program/session evaluation form/format
* Program invitation or brochure
* SPC Chair Agreement (Available on the CPD Website)
* Speaker communication template which identifies the information you will communicate with speakers regarding the [CMA Guidelines for Physicians in Interactions With Industry,](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf) and the [Innovative Medicines Canada Code of Ethical Practices](http://innovativemedicines.ca/ethics/code-of-ethics/).

For CMA Guidelines – Refer to statements 21 through 33:   
<http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf>

For the Innovative Medicines Canada Code of Ethical Practices – Refer to Section 9 pages 16-21  
http://innovativemedicines.ca/wp-content/uploads/2015/06/IMC\_Code\_EN.pdf

### Contingent

* Detailed event budget – submit only if questions 1 through 6 in Part 5 aren’t answered. (Sample budget template is available from the CPD website)
* Summary of event evaluations – submit only if the event was previously accredited.
* Examples demonstrating corporate and product colours and branding for comparison purposes – submit only if this program has for-profit financial support
* Tools used to facilitate needs assessment - if they exist (e.g. the needs assessment survey tool or questionnaire used)
* List of intended topics for discussion – submit if there isn’t a formal program agenda (i.e. Rounds, Journal Club event)
* Evaluations or assessments to provide participant feedback – submit these if used.
* Complete presentation content and handouts for the following (please check):
  + program content to be delivered online (for a program delivered all or partially online)
  + a program to be delivered one time with a single speaker (excluding Rounds and Journal Clubs)
  + a program to be delivered multiple times with a single speaker
  + a program to be delivered multiple times with multiple speakers

Please note that content review is not required for:

* a program to be delivered one time with multiple speakers (e.g. a conference such as an Annual Refresher Day or Research Day)
* a program which is part of a Rounds or Journal Club

## Part 1: To be completed by the Schulich Medicine Faculty member requesting approval:

|  |  |
| --- | --- |
| Application Date: |  |
| Schulich Faculty member’s name: |  |
| Provider Organization: [Indicate a specific Schulich Department/ Division or Unit] |  |
| Educational Activity Start Date: |  |
| Educational Activity End Date: |  |
| Educational Activity Title: |  |
| Does the activity include presentation(s) on the topic of Aesthetic procedures? | ❒ YES ❒ NO |
| Does the activity include presentation(s) on the topic of Dried Cannabis? | ❒ YES ❒ NO |
| Program venue name, address, city, or online: |  |
| Signature of Faculty member: |  |
| Faculty member e-mail: |  |
| Application contact name (if different from the above): |  |
| Application contact telephone number: |  |
| Application contact e-mail: |  |

# **Part 2: Collaboration with an external Physician Organization** *(e.g. Hospital, Health Alliance, Public Health Unit, other physician association in Southwestern Ontario, etc.)*

|  |  |
| --- | --- |
| Is this program is being held in collaboration with a physician organization**?** | * **YES** * **NO (Proceed to Part 3)** |
| Name of physician organization: |  |
| Website or street address: |  |
| Physician organization contact name: |  |
| Title of contact: |  |
| e-mail: |  |
| Telephone: |  |

## Part 3: Schulich Department/Division/Unit Approval

Only the appointed departmental Continuing Education Director or authorized designate may sign this section. For a list of authorized signatories, please visit:   
*www.schulich.uwo.ca/cpd → continuing medical education → accreditation → Mainpro+ Signatories*

The following signature confirms that this program is a Schulich program being developed by a department, division or another educational unit of the School.

|  |  |
| --- | --- |
| Name: | Signature: |
| Schulich Department/Division/Unit: | |

## Part 4: CFPC representative approval

This section to be completed by one CFPC member who is listed in the application as a member of the program planning committee.

|  |  |
| --- | --- |
| As a family physician and member of the College of Family Physicians of Canada, I hereby certify that I had substantial input into the planning and development of this program. My involvement has been as follows: | |
| Name : | Date: |
| Signature : | e-mail: |
| CFPC#: | Telephone: |

## Part 5: Financial

Provide a detailed budget OR answer questions 1 through 6. Your budget should provide sufficient detail to answer the following 6 questions:

(Please note that a budget template is available from the CPD website.)

1. Does this program receive financial or in-kind support from a for-profit company or organization?

No – skip to question 2.

Yes – Select the type(s) of for-profit support received:

Financial

In-kind

Provide the following:

1a. Amount of financial support from for-profit organization(s) received or anticipated to receive:

|  |
| --- |
|  |

1b. Amount of in-kind support from for-profit organization(s) received or anticipated to receive:

|  |
| --- |
|  |

1c. List of for-profit supporters/sponsors:

|  |
| --- |
|  |

2. Does this program receive financial or in-kind support from a not-for-profit organization?

No – skip to question 3.

Yes – Select the type(s) of for-profit support received:

Financial

In-kind

2a. Amount of financial support from not-for-profit company received or anticipated to receive:

|  |
| --- |
|  |

2b. Amount of in-kind support from not-for-profit company received or anticipated to receive:

|  |
| --- |
|  |

2c. List of not-for-profit supporters/sponsors:

|  |
| --- |
|  |

3. Describe in detail how funds will be used including whom is responsible for paying speaker and scientific planning committee honoraria and travel:

|  |
| --- |
|  |

4. Please describe all costs to participants including registration fees, education materials, meals, accommodation, and social events:

|  |
| --- |
|  |

5. Registration fee:

|  |
| --- |
|  |

6. Additional costs to participants (describe in detail):

|  |
| --- |
|  |

7. Are there any social events or activities associated with this program?

* No
* Yes - Describe in detail the social activities related to this program including when these activities take place in relation to the certified learning:

|  |
| --- |
|  |

## Part 6: Location and Credit

8. Select the format for this program:

* Live: In person (face to face, group learning)
* Live: Webcast (webinar)
* Online (self-study)

9. Please provide the total education contact time included in the proposed program (not including breaks, meals, opening & closing remarks, or time allotted to complete program evaluations). Please submit the program agenda for confirmation purposes.

|  |
| --- |
|  |

10. Please select the type of program:

One credit per hour Rounds program

One credit per hour Journal Club

One credit per hour PBSGL (Problem Based Small Group Learning activity)

One credit per hour Regularly Scheduled Series (RSS)

A single-delivery conference, scientific assembly, congress or similar large event (excludes satellite symposia and ancillary sessions)

Any other CPD program or activity

## Part 7: Planning

1. (If Rounds selected) is the planning committee accountable to the head of the department, chief of staff, or equivalent?

Yes

No

2. Please explain how and to whom accountability is measured for the planning committee:

|  |
| --- |
|  |

3a. Who is the target audience for this program? (Select all that apply)

* + Academic Family Physicians
  + Interprofessional teams
  + Researchers
  + Residents
  + Rural & Remote practicing Family Physicians
  + Urban practicing Family Physicians

3b. Family Physicians with a community of practice in:

* + Addiction Medicine
  + Cancer Care
  + Child and Adolescent Health
  + Chronic Pain
  + Dermatology
  + Developmental Disabilities
  + Emergency Medicine
  + Family Practice Anesthesia physicians
  + Global Health
  + Health Care of the Elderly
  + Hospital Medicine
  + Maternity and Newborn Care
  + Mental Health
  + Occupational Medicine
  + Palliative Care
  + Prison Health
  + Respiratory Medicine
  + Sport and Exercise Medicine

4. Identify the CFPC program planning/scientific committee member(s) who were actively involved in the planning committee of this program. Members will be required to confirm their involvement before the submitted program can be reviewed.

|  |
| --- |
|  |

5. List all other planning committee/scientific committee members and their affiliations and expertise brought to the planning committee:

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Affiliation | Member ID (if applicable) | Email Address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

6. Describe in detail the planning/scientific committee’s involvement in the following:

a. Selection of topics:

|  |
| --- |
|  |

b. Determination of program content:

|  |
| --- |
|  |

c. Selection of speakers/presenters:

|  |
| --- |
|  |

d. Review of Evaluation:

|  |
| --- |
|  |

7. Describe how potential conflicts of interest will be disclosed to participants and the planning/scientific committee’s method for the mitigation of bias should a conflict be discovered?

Ensure the CFPC Conflict of Interest slides are included in presentations for review:

|  |
| --- |
|  |

8. How will you communicate with speakers regarding the [CMA Guidelines for Physicians in Interactions With Industry,](http://policybase.cma.ca/dbtw-wpd/Policypdf/PD08-01.pdf) the [Innovative Medicines Canada Code of Ethical Practices](http://innovativemedicines.ca/ethics/code-of-ethics/).

You must include a copy of your speaker communication template.

|  |
| --- |
|  |

9. How will you communicate with speakers regarding the format, Mainpro+ Quality Criteria, and program learning objectives they will address? What kind of instructions will be given?

|  |
| --- |
|  |

10. How do you intend to manage breaches in the Quality Criteria or ethical guidelines should these occur in the delivery of this program?

|  |
| --- |
|  |

11. If this program has been delivered in the past and breaches in the ethical guidelines occurred please explain how this was managed and what your planning committee is doing differently as a result?

|  |
| --- |
|  |

12. Program Key Words – In order to aid our members in searching for your programs most suited to their individual learning needs, please select the key words most relevant to your program from the list below:

* Aboriginal health
* Academic medicine
* Addiction medicine
* Administration
* Adolescent medicine
* Allergy
* Allied health professionals
* Alternative/complementary medicine
* Anesthesia and analgesia
* Basic sciences
* Behavioural science
* Cancer care
* Cardiovascular medicine
* Cardiovascular surgery
* Child Abuse
* Chiropractic medicine
* Chronic disease management
* Clinical practice guidelines
* Communication
* Community medicine
* Critical care
* Culture
* Dentistry/oral medicine
* Dermatology
* Diabetes
* Domestic Violence
* Drugs
* Emergency medicine
* Endocrinology
* ENT
* Environmental medicine
* Epidemiology
* Ethics
* Evidence-based medicine
* Faculty Development
* Family practice/general practice/primary care
* Forensic medicine
* Gastroenterology
* General surgery
* Genetics
* Geriatric medicine/care of the elderly
* Global health
* Gynecology
* Health economics
* Health policy
* Hematology
* History
* Homecare
* Hospitalist care
* Imaging techniques
* Immunology
* Infectious disease
* International medicine
* Laboratory medicine
* Legal/medico-legal
* Lifestyle
* Management
* Medical careers
* Medical education
* Medical informatics
* Medical students and residents
* Men’s health
* Molecular medicine
* Nephrology
* Neurology
* Neurosurgery
* Nuclear medicine
* Nursing
* Nutrition and metabolism
* Obstetrics
* Occupation/industrial medicine
* Oncology
* Ophthalmology
* Orthopedic surgery
* Pain management
* Palliative care
* Pathology
* Patients
* Pediatrics
* Pharmacology
* Pharmacy
* Preventive medicine
* Prison medicine
* Psychiatry
* Psychotherapy/counseling
* Public health
* Radiation therapy
* Radiology
* Rehabilitation medicine
* Religion/spirituality
* Research methods
* Respiratory medicine
* Rheumatology
* Rural medicine
* Sexual health and medicine
* Sociology
* Sports and exercise medicine
* Statistics
* Surgery
* Thoracic surgery
* Toxicology
* Transplant medicine
* Travel medicine
* Tropical medicine
* Urology
* Vaccines
* Vascular surgery
* Women’s health

13. Please identify the CanMEDS-FM roles addressed in this program:

* Collaborator
* Communicator
* Family Medicine Expert
* Health Advocate
* Manager
* Professional
* Scholar

## Part 8: Quality Criteria Questions

# (For one credit per hour Rounds program, one credit per hour Journal Club, one credit per hour PBSGL, one credit per hour Regularly Scheduled Series (RSS) , one credit per hour single-delivery conference, scientific assembly, congress or similar large event [excludes satellite symposia and ancillary sessions])

### Quality Criterion 1 – Needs Assessment and Practice Relevance

1. Describe how the perceived and unperceived needs of the target audience have been considered in the development of the educational activities:

|  |
| --- |
|  |

2. Describe how CanMEDS-FM competencies have been considered in the needs-assessment process:

|  |
| --- |
|  |

3. Describe how the needs assessment informed the development of learning objectives:

|  |
| --- |
|  |

4. Provide the program learning objectives:

|  |
| --- |
|  |

5. If this program has been Mainpro/Mainpro+ accredited/certified in the past you must include information on how data collected from previous program evaluations was considered during the needs-assessment process.

|  |
| --- |
|  |

### Quality Criterion 2 – Interactivity and Engagement

6. Describe the learning formats used to support the learning objectives:

|  |
| --- |
|  |

7. Describe how the 25% interactivity requirement will be met:

|  |
| --- |
|  |

### Quality Criterion 3 - Incorporation of Evidence

8. Describe how the planning committee ensures scientific validity and objectivity of the program content:

|  |
| --- |
|  |

9. Describe how speakers will be advised of the Quality Criteria requirements for the incorporation of evidence:

|  |
| --- |
|  |

### Quality Criterion 4 - Barriers to Change

10. Describe how barriers to practice/physician change will be addressed within the program:

|  |
| --- |
|  |

### Quality Criterion 5 - Evaluation & Outcome Assessment

Please submit your participant evaluation tool OR answer the following questions.   
(Please note that an evaluation template is available from the CPD website.)

11. Describe how participants will evaluate both the series/event and the individual activities/sessions.

|  |
| --- |
|  |

12. Describe how participants will evaluate individual presenters/speakers. Participants should have an opportunity to evaluate individual talks/presenters as well as the program as a whole.

|  |
| --- |
|  |